



THE CITY OF SAN DIEGO

REQUEST FOR FIRE INCIDENT REPORT

Fire Incident Reports cost **\$5.00 per incident**. Requests do not include the Investigation Report. Checks must be made payable to the **"CITY TREASURER."**

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

Report(s) to be: * Mailed _____ Picked-up _____

Please return this form along with your payment to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: INCIDENT REPORTS CLERK

***Documents can be mailed if a stamped self-addressed envelope is mailed to us.**

FIRE DEPARTMENT USE

Amount Received: _____

Receipt Number: _____

Initials: _____

Date: _____